United Nations E/CN.6/2009/6

Economic and Social Council

Distr.: General
9 December 2008

Original: English

Commission on the Status of Women
Fifty-third session
2-13 March 2009
Item 3 (c) of the provisional agenda*
Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century": gender mainstreaming, situations and programmatic matters

Women, the girl child and HIV/AIDS

Report of the Secretary-General

Summary

The present report was prepared in response to resolution 52/4 of the Commission on the Status of Women on women, the girl child and HIV/AIDS. It focuses on activities undertaken by Member States and United Nations entities to implement the resolution. It concludes with recommendations for consideration by the Commission.

* E/CN.6/2009/1.

08-63930 (E) 080109

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I. Introduction

1. In its resolution 52/4, the Commission on the Status of Women requested the Secretary-General to report to its fifty-third session on the implementation of that resolution, using information from Member States and United Nations entities. The present report describes actions taken by various stakeholders in areas addressed by the resolution, identifies gaps and challenges, and proposes recommendations for consideration by the Commission. It is based on contributions by Member States[1] and United Nations entities.[2]

II. Background

2. Gender inequality is one of the key drivers of the HIV/AIDS pandemic.[3] Women and adolescent girls are especially vulnerable to HIV/AIDS owing to biological conditions, economic and social inequalities and culturally accepted gender roles which place them in a subordinate position in relation to men regarding sexual decision-making (see E/CN.4/2004/66, para. 47). Moreover, women and girls are at increased risk of contracting HIV as they are often exposed to sexual violence, both inside and outside the home, and during armed conflict (see E/CN.4/2005/72, para. 26). Factors such as poverty, illiteracy and gender-based power imbalances within families and communities restrict women's access to preventive care, drugs and treatment (ibid., para. 21). Women and girls bear the disproportionate burden to care for and support those infected and affected by HIV/AIDS (see E/CN.6/2009/2 and E/CN.6/2009/4).

3. The Programme of Action of the International Conference on Population and Development (1994) addressed the issue of HIV within the context of sexual and reproductive health. It noted that, wherever possible, reproductive health programmes, including family-planning programmes, should include facilities for the diagnosis and treatment of common sexually transmitted diseases, including reproductive tract infection, recognizing that many sexually transmitted diseases increase the risk of HIV transmission.[4] Donor and research communities were called

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[1] Albania, Argentina, Australia, Austria, Belgium, Brazil, Canada, Colombia, Côte d'Ivoire, Cyprus, Denmark, Dominican Republic, Ecuador, Germany, Jamaica, Japan, Lebanon, Malta, Morocco, Netherlands, Paraguay, Peru, Philippines, Qatar, Republic of Korea, Romania, Russian Federation, Senegal, Serbia, Sweden, Switzerland and Thailand.

[2] Department of Public Information of the Secretariat, Economic and Social Commission for Asia and the Pacific (ESCAP), Food and Agriculture Organization of the United Nations (FAO), International Fund for Agricultural Development (IFAD), International Labour Organization (ILO), Office of the United Nations High Commissioner for Human Rights (OHCHR), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Development Programme (UNDP), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), United Nations Development Fund for Women (UNIFEM), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), and World Health Organization (WHO).

[3] http://www.unaids.org/en/PolicyAndPractice/DriversOfTheEpidemic/default.asp (accessed on 25/11/2008).

[4] *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex, para. 8.31.

on to support and strengthen current efforts to find a vaccine and to develop women-controlled methods, such as vaginal microbicides, to prevent HIV infection.[5]

4. HIV/AIDS was addressed in the Beijing Platform for Action (1995) under the critical areas of concern on education and training of women, women and health, violence against women and the girl child. It called for the involvement of women in HIV/AIDS policies and programmes; the review and amendment of laws that contribute to women's vulnerability to HIV/AIDS and implementation of legislation, policies and practices to protect women and girls from HIV/AIDS-related discrimination; and the strengthening of national capacity to create and improve gender-sensitive policies and programmes on HIV/AIDS.[6]

5. At its twenty-third special session (2000), the General Assembly noted that gender equality is crucial to the prevention of the HIV/AIDS pandemic (General Assembly resolution S-23/3, annex, para. 44). The General Assembly called for priority attention to measures to prevent, detect and treat sexually transmitted diseases, including HIV/AIDS (ibid., para. 72 (b)). Member States were called upon to design and implement programmes to encourage and enable men to adopt safe and responsible sexual and reproductive behaviour, and to use effective methods to prevent unwanted pregnancies and sexually transmitted infections, including HIV/AIDS (ibid., para. 72 (l)). The General Assembly also called upon Member States to encourage, through the media and other means, a high awareness of the harmful effects of certain traditional or customary practices affecting the health of women, some of which increase their vulnerability to HIV/AIDS and other sexually transmitted infections, and intensify efforts to eliminate such practices (ibid., para. 98 (d)).

6. In the United Nations Millennium Declaration (2000), world leaders resolved to have halted, and begun to reverse the spread of HIV/AIDS by 2015. Millennium Development Goal 6 aims to achieve universal access to treatment for HIV/AIDS for all those who need it by 2010 and to halt and begin to reverse the spread of HIV/AIDS by 2015.

7. In June 2001, at the twenty-sixth special session of the General Assembly, dedicated to HIV/AIDS, Heads of State and Government issued the Declaration of Commitment on HIV/AIDS, which stressed that gender equality and women's empowerment were fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS, and included a set of time-bound targets, a number of which related specifically to women (General Assembly resolution S-26/2, annex, paras. 14, 54, 59 and 60-62).

8. The Political Declaration on HIV/AIDS adopted at the General Assembly 2006 High-Level Meeting on AIDS recognized that the promotion of gender equality and women's empowerment and the protection of the rights of the girl child must be key components of any comprehensive strategy to combat HIV/AIDS (General Assembly resolution 60/262, annex, para. 15). Member States committed to the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010 (ibid., para. 20).

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[5] Ibid., para. 8.33.

[6] *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex II, paras. 108 (a), (b) and (g).

9. Other recommendations of the Political Declaration included ensuring that pregnant women have access to HIV services and eliminating gender inequalities, gender-based abuse and violence and increasing the capacity of women and adolescent girls to protect themselves from the risk of HIV infection (ibid., paras. 27 and 30). The Declaration called for creating an enabling environment for women's empowerment and for strengthening their economic independence; and in this context, reiterated the importance of the role of men and boys in achieving gender equality (ibid., para. 30). Further calls were made to strengthen legal, policy, administrative and other measures to promote and protect women's enjoyment of all human rights and reduce their vulnerability to HIV/AIDS (ibid., para. 31).

10. During the 2005 World Summit, leaders committed to developing and implementing a package for HIV prevention, treatment and care with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it (General Assembly resolution 60/1, para. 57 (d)).

11. Since its forty-third session, the Commission on the Status of Women has adopted resolutions on women, the girl child and HIV/AIDS on an annual basis. The Commission considered the issue of women, the girl child and HIV/AIDS as its priority theme and adopted agreed conclusions during its forty-fifth session in 2001.[7] The Commission has addressed the issue within the context of other priority themes. In its agreed conclusions on the elimination of all forms of discrimination and violence against the girl child, the Commission urged Governments to, inter alia, ensure that in all policies and programmes designed to provide comprehensive HIV/AIDS prevention, treatment, care and support, particular attention and support was given to the girl child at risk, infected with, and affected by HIV/AIDS.[8] Member States were called on to take appropriate measures to provide a supportive and socially inclusive environment for girls infected with, and affected by, HIV/AIDS. [9]

12. While some progress has been made with regard to these commitments, many of the recommendations have yet to be implemented. HIV/AIDS continues to impact women and girls in increasing numbers. Globally, the percentage of women among people living with HIV has remained stable (at 50 per cent) in recent years.[10] However, women account for nearly 60 per cent of HIV infections in sub-Saharan Africa[11] and women's share of infections has been increasing in a number of countries in other regions, particularly in Asia, Eastern Europe and Latin America.[12]

13. In 14 of 17 African countries with adequate survey data, the percentage of young pregnant women (ages 15-24) who are living with HIV has declined since 2000-2001.[13] However, among young people in Africa, HIV prevalence tends to be notably higher among women than among men. Young women represent about two

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[7] *Official Records of the Economic and Social Council, 2001, Supplement No. 7* (E/2001/27-E/CN.6/2001/14), chap. I.A.

[8] Ibid., *2007, Supplement No. 7* (E/2007/27-E/CN.6/2007/9), chap. I, sect. A, para. 14.5 (a).

[9] Ibid., para. 14.5 (d).

[10] UNAIDS, "Report on the global AIDS epidemic", Geneva, 2008, p. 30.

[11] Ibid., p. 36.

[12] Global Coalition on Women and AIDS, "Keeping the promise: an agenda for action on women and AIDS", Geneva, UNAIDS 2006, p. 8.

[13] UNAIDS, 2008, op. cit., p. 30.

thirds of all new cases among people aged 15 to 24 in developing countries, making them the most affected group in the world.[14]

III. Actions taken by Member States and the United Nations system[15]

A. National policies, legislation and strategies

14. The degree to which gender equality is a component of national HIV/AIDS responses has been monitored since 2003 through the National Composite Policy Index, one of the tools used to monitor the 2001 Declaration of Commitment. This index assesses progress in the development and implementation of national level HIV/AIDS policies and strategies.[16] In 2008, more than 80 per cent of Governments reported a focus on women as part of their multisectoral strategy for HIV/AIDS and 67 per cent reported having laws protecting people with HIV from discrimination.[17]

15. Two major approaches have been used by Member States to address the gender dimensions of HIV/AIDS. Some Member States incorporated gender perspectives in their national policies, programmes, strategic frameworks, and plans to systematically address HIV/AIDS (Albania, Argentina, Canada, Colombia, Côte d'Ivoire, the Dominican Republic, Germany, Lebanon, Paraguay, the Philippines, Qatar, Serbia, Sweden, Switzerland and Thailand). Several Member States reported integrating measures to address HIV/AIDS in their national action plans on gender equality (Brazil, Cyprus and Romania). In some Member States, the national machinery for the advancement of women has taken initiatives to address the gender dimensions of HIV/AIDS. In Peru, the Secretariat of State for Women promoted interinstitutional solutions to address the impact of HIV/AIDS on women and girls. In 2005, a lobbying campaign was launched with UNAIDS and others, targeting ministers, parliamentarians and the Supreme Court of Justice, which resulted in an agreement to jointly address the problem.

16. From 2004 to 2007, the United Nations Development Fund for Women (UNIFEM) supported the mainstreaming of gender perspectives in the policies and plans developed by 20 national AIDS councils, and worked with 21 national AIDS councils and two regional bureaux to provide training in gender analysis and women's human rights-based approaches. A particularly successful approach was the collaboration between the United Nations partners and civil society organizations, including HIV-positive women's groups, to support the integration of gender equality priorities in the Nigerian National Strategic Framework for HIV and AIDS 2005-2009.[18]

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[14] Contribution by the UNAIDS secretariat to the report (2008).

[15] Unless otherwise indicated information is from inputs received for the report.

[16] UNAIDS, United Nations General Assembly Special Session on HIV/AIDS, *Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on construction of core indicators*, Geneva, 2007, pp. 21 and 27.

[17] UNAIDS, 2008, op. cit., p. 92.

[18] The incorporation of gender perspectives in the national response to HIV/AIDS has been documented for countries wishing to replicate the approach, *Mainstreaming Gender Equality into the National Response to HIV and AIDS: Nigerian Case Study* (available from: http://www.unifem.org/resources/item_detail.php?ProductID=93).

17. The UNIFEM publication on "Transforming the National AIDS Response: Mainstreaming Gender Equality and Women's Human Rights into the 'Three Ones'" provides strategies for designing gender-sensitive HIV/AIDS policies, programmes and institutional mechanisms in the context of the "Three Ones" — one national AIDS action framework, one national AIDS coordinating authority and one system for monitoring and evaluation.

18. In collaboration with partners, the United Nations Population Fund (UNFPA) developed "Report cards" for 23 countries targeted at decision-makers at the national, regional and international levels to increase and improve the programmatic, policy and funding actions on HIV prevention for young women and girls. The cards provided country profiles and information on HIV/AIDS prevention from the legal, policy, service availability and accessibility, participation and human rights perspectives, and included a set of recommendations.

19. Women must be represented in national planning and decision-making mechanisms to ensure that their priorities and needs are addressed. The UNAIDS country teams have worked to bring women's perspectives and leadership into national mechanisms, such as the national AIDS programmes. In a survey of 80 countries, 75 per cent reported that women participated during the review and revision of national AIDS plans. However, the survey revealed that there were varying degrees of participation of women's groups, and much more advocacy on their meaningful participation is needed.[14]

20. With respect to legislation, some Member States have formulated draft laws, while others amended existing laws, to address HIV/AIDS among women and girls. In Qatar, a draft law to protect those living with HIV/AIDS and uphold their rights in every aspect of life was under consideration. Jamaica amended several pieces of legislation to provide protection for women and girls in the context of HIV/AIDS. Serbia indicated that its legal framework ensured the provision of medical treatment to all people living with HIV in need, irrespective of sex.

21. According to OHCHR, some HIV-specific laws contain provisions that provide no or inadequate protection to women and children living with or affected by HIV. Some laws include discriminatory provisions which mandate testing of pregnant women, restrict HIV-prevention education targeted at children and criminalize the transmission or exposure to HIV.[19] Broad application of criminal law to HIV transmission may disproportionately affect women, as they fail to disclose their HIV-positive status as a result of fear of violence or abandonment.[20]

22. The Food and Agricultural Organization of the United Nations (FAO) supported several African countries in developing appropriate legislation to safeguard property rights of widows and other vulnerable women, and provided technical support to Malawi, the United Republic of Tanzania and Zimbabwe to formulate gender-sensitive agricultural and natural resource sector strategies on HIV/AIDS.

23. Despite progress achieved in increasing the gender-responsiveness of policy and legislation, challenges remain. Nearly two thirds (63 per cent) of countries report having laws, regulations, or policies in place that impede access to HIV

[19] OHCHR contribution to the report (2008).

[20] UNAIDS Policy Brief, "Criminalization of HIV Transmission", 2008.

prevention, treatment, care, and support among populations most at risk.[21] Some Member States do not guarantee non-discrimination in their laws or regulations that explicitly address the situation of women. Several countries lack information, education, and communication policies or strategies to encourage the involvement of men in reproductive health programmes.[22]

B. Resource allocation

24. According to UNAIDS, only 52 per cent of Member States providing information on national progress in implementing the 2001 Declaration of Commitment on HIV/AIDS reported having a dedicated budget allocation for programmes addressing gender equality and women's issues in 2007. These are mainly Asian and sub-Saharan African countries.[23]

25. Several Member States reported on resources allocated to their HIV/AIDS response without providing specific details on the proportion assigned to addressing the gender dimensions of HIV/AIDS. Côte d'Ivoire created the National Fund for the Fight against AIDS with 500 million CFA francs (CFAF) to support non-governmental organizations engaged in HIV/AIDS programming, with a special focus on gender equality issues. The German Federal Government allocated about 2 million euros (€) to the Federal Ministry of Health for research and development projects on HIV/AIDS and for basic social science research on prevention, which will particularly focus on women-specific concerns. Argentina allocated, under its Government's budget for the Office for AIDS and sexually transmitted diseases, nearly 80 million United States dollars ($) to the proposals of the Strategic Plan 2008/2011, which contains gender perspectives in its target actions. Canada, as part of its Federal Initiative to Address HIV/AIDS, launched the Specific Populations HIV/AIDS Initiatives Fund in 2006 to support national projects that aim to prevent HIV infection; increase access to diagnosis, care, treatment, and support; and increase healthy behaviours in populations most affected by HIV/AIDS and most vulnerable to infection, including women at risk. The Federal Initiative included gender-specific initiatives, including research, testing, counselling and surveillance on transmission and microbicides. The five-year Legal Empowerment of Women Initiative, valued at 5 million Canadian dollars (CAD$) aimed to improve women's access to legal, property and inheritance rights in part to reduce their vulnerabilities to HIV/AIDS.

26. Denmark provided bilateral assistance to a number of countries, primarily in sub-Saharan Africa, and multilateral assistance through the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS and WHO as well as other international partners. The aim of these efforts is to promote female-controlled methods to prevent HIV/AIDS and highlight the link between HIV/AIDS and sexual and reproductive health and rights.

27. The Minister for Development Cooperation in the Netherlands launched an initiative with civil society and private companies that includes a focus on increasing the use of female condoms and combating domestic violence against

[21] UNAIDS, 2008, op. cit., p. 92.
[22] Ibid., p. 69.
[23] Ibid., p. 68.

women. In Côte d'Ivoire, CFAF 40 million was provided to NGOs for women living with HIV/AIDS. In Peru, the United States Agency for International Development supported women's organizations and civil society to train women living with HIV/AIDS in leadership, self-care and self-esteem.

28. In Germany, the BACKUP Initiative mechanism provided technical support and capacity development for gender-sensitive and transformative HIV programmes at the country level in order for affected countries to access resources of the Global Fund and to improve the quality of programme implementation.

29. The United Nations entities supported various Governments to increase resource allocation. For example, UNFPA supported national Governments in gender-responsive budgeting to ensure that adequate resources were available for women and girls within the context of HIV/AIDS work. The UNDP Asia-Pacific Regional Programme on HIV/AIDS developed a costing tool to estimate HIV/AIDS resource needs in achieving the Millennium Development Goals targets on HIV and universal access, which included attention to women living with and affected by HIV.

C. Addressing risk, vulnerability and discrimination against women and girls

30. While certain behaviours, such as unprotected sex, increase the risk that a person may become infected with HIV, other factors beyond the control of the individual may reduce the ability of an individual to avoid HIV risk.[24] These include lack of knowledge and skills on protection against HIV infection; lack of access to services due to discrimination, socio-cultural norms, as well as other factors such as distance and cost to reach services. Lack of opportunities in education and employment increases women's dependency on men.[25] Where women lack legal protection or cannot own property, their dependence is even greater.

31. According to UNICEF, the estimated number of girls and boys affected by AIDS, who have lost one or both parents to AIDS, increased from 6 million in 2000 to about 15 million in 2005.[26] According to ILO, child labourers are at heightened risk of abuse and HIV infection because of the conditions under which they work. Given that girls are at a greater risk than boys of forced prostitution (see A/61/299, para. 30), they are particularly at risk of becoming HIV-positive.[27]

32. A multi-country study on the HIV vulnerabilities of Asian migrant women in Arab States[28] recommended actions to mitigate stigma and discrimination endured by migrant women living with HIV and protect their right to work; encourage safe and informed migration; encourage Governments to recognize domestic work as

[24] UNAIDS, 2008, op. cit., p. 65.

[25] http://www.unaids.org/en/PolicyAndPractice/KeyPopulations/WomenGirls/default.asp (accessed on 25/11/2008).

[26] UNICEF contribution to the report (2008).

[27] ILO contribution to the report (2008).

[28] The study was undertaken by the UNDP Regional Centre in Colombo in partnership with UNAIDS, the International Organization for Migration (IOM), UNIFEM and Coordination of Action Research and Mobility (CARAM) Asia and Caritas Lebanon.

professional work protected by labour laws and standards, regularize hiring agencies and bring recruitment processes under the purview of the law.

33. The IFAD East and Southern Africa Division supported the Rural HIV/AIDS Impact Mitigation Project in the Kagera Region in North-West United Republic of Tanzania to increase the capacity of vulnerable groups to meet their basic needs and to improve their overall quality of life. The project addressed women's empowerment through enhancing their economic, political and legal status.[29]

34. The United Nations Development Programme (UNDP) Women and Wealth Project, a regional pilot initiative in Asia, supported the socio-economic empowerment of women living with and affected by HIV/AIDS through the development of small-scale social enterprises. The project developed sustainable social enterprises to provide employment and a sustainable flow of financial resources for the HIV-positive women's groups. In the second phase, the project implemented a microcredit programme specifically designed for people living with HIV.

35. A community outreach education programme implemented in the UNDP Human Development Initiative villages in Myanmar included volunteer women (aged 25 and above) and girls (aged 15-24) trained to conduct outreach education. The project encouraged HIV-positive women to take on bigger roles in outreach education, which addressed gender-related vulnerabilities of women and girls, and hired four HIV-positive women to oversee the outreach programmes in the field.

1. Measures to address violence against women

36. Violence and the threat of violence increases women's risk of contracting HIV. Studies suggest three times higher risk of HIV among women who have experienced gender-based violence than among those who have not.[30] Fear of violence prevents women from accessing HIV/AIDS information, being tested, disclosing their HIV status, accessing services, including for the prevention of HIV transmission to infants, and receiving treatment and counselling, even when they know they have been infected.[31]

37. A number of countries formulated strategies to address the issue of violence against women in relation to HIV/AIDS (Brazil, Dominican Republic, Jamaica, Lebanon and Qatar). The Bureau of Women's Affairs in Jamaica partnered with the Government and non-governmental agencies to conduct training of community members, including youth and adults on the effects of violence on women and girls, on sexual and reproductive health and HIV/AIDS. In 2007, Brazil launched its National Pact to Face Violence against Women. This Pact consolidates policies to combat violence against women and enforce criminalization of domestic violence; promotes sexual and reproductive rights of women; addresses the disproportionate impact of HIV/AIDS and other sexually transmitted diseases on women; addresses sexual exploitation and trafficking in women; and promotes the human rights of imprisoned women. The Republic of Korea and Morocco provided information on initiatives to prevent violence against women.

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[29] IFAD contribution to the report (2008).

[30] Global Coalition on Women and AIDS, 2006, op. cit., p. 10.

[31] Global Coalition on Women and AIDS, backgrounder on "Violence against women and AIDS" available from http://data.unaids.org/GCWA/GCWA_BG_Violence_en.pdf.

38. Qatar established the Qatari Institution for the Protection of Women and Children to protect women, including those living with HIV/AIDS, from all types of violence. Lebanon created over 128 centres to spread awareness among the youth on sexual and reproductive health, HIV and gender-based violence, prevention services.

39. Several United Nations entities addressed the links between violence against women and the vulnerability of women and girls to HIV/AIDS. The inter-agency United Nations Trust Fund in Support of Actions to Eliminate Violence against Women, managed by UNIFEM, provided grants for projects aimed at increasing understanding of interventions which can reduce violence against women and girls, their risk of HIV, and violence resulting from stigma and discrimination.[32]

40. The UNAIDS secretariat has coordinated a programme on "the United Nations system-wide work programme on scaling up HIV/AIDS services for populations of humanitarian concern", which focuses on addressing gender-based violence. Activities include strengthening and expanding strategic information on gender-based violence as related to HIV, including in the area of food security and livelihoods; training in the use of the Inter-Agency Standing Committee Guidelines for Gender-Based Violence Interventions in Humanitarian Settings; and expanding gender-based violence service delivery.

41. The links between violence and HIV were addressed in a regional UNIFEM programme assisting National AIDS Councils in the Caribbean. In training workshops, government officials and gender experts reviewed the gender implications of national AIDS strategies and identified sexual violence and lower economic status as the factors that sharply curtail women's abilities to protect themselves. In Barbados, the most recent strategic plan recognized that low-income single women were among those most vulnerable to HIV and aims to improve prevention and testing services for this group and expand awareness through new courses on human sexuality and gender relations in schools.

42. UNIFEM supported, in collaboration with UNFPA and civil society partners, Development Connections, an organization that works with women victims of violence and HIV/AIDS, to create and implement the training course "Empowerment, HIV and violence against women" in Latin America and the Caribbean. The course strengthens professional competencies within governmental and non-governmental organizations to integrate HIV/AIDS and violence against women in prevention, treatment and care interventions, as well as to respond to emerging policy issues. The online course is currently being adapted for the global level and will be launched in 2009.

43. The Department of Public Information of the United Nations Secretariat created a special website for the Secretary-General's global campaign to end violence against women, which among other things, raised the links between gender-based violence and HIV/AIDS.

2. Female-controlled methods of HIV prevention

44. Comprehensive HIV prevention is essential to halt and to reverse the spread of HIV/AIDS. Many women have difficulty negotiating abstinence, fidelity or condom

[32] For projects supported in 2007, see http://www.unifem.org/news_events/story_detail.php?StoryID=561.

use with their partners. Female-controlled methods allow women to guard themselves against sexually transmitted diseases. Female condoms can help to protect women even if their partners refuse to use a male condom, but they are usually more expensive than male condoms and are poorly marketed.[33]

45. Several Member States encouraged research on female-controlled methods and provided support to the development of vaccines and microbicides (Belgium, Canada, Denmark and the Netherlands). In 2006, Canada hosted the XVI International AIDS Conference, at which participants stressed the need for continued research on female-controlled prevention methods such as microbicides. The Netherlands provided financial assistance (€3 million) to the International Partnership on Microbicides, which is developing a gel that women can use to protect themselves against HIV.

46. UNFPA assisted in the procurement of male and female condoms and provided financial and technical support to countries enrolled in the Global Condom Initiative, including 22 countries in Africa, 23 in the Caribbean and 6 in Asia. Through strengthened efforts and partnerships, UNFPA increased female condom distribution from 13.9 million in 2005 to 25.9 million in 2007. Remaining challenges include estimating quantities of condoms needed, overcoming social taboos, ensuring a sustainable supply of condoms and making condoms more affordable.

3. Mother-to-child transmission

47. There is a 15-30 per cent risk of HIV transmission from an HIV-positive mother to her child during pregnancy and delivery, which rises to 45 per cent with prolonged breastfeeding.[34] Antiretroviral treatment for the mother and child reduces this risk significantly.[34] Many countries made progress in preventing mother-to-child transmission of HIV/AIDS. The percentage of pregnant women living with HIV in low- and middle-income countries that received antiretrovirals to prevent transmission to their children increased from 9 per cent in 2004 to 33 per cent in 2007.[35] However, this fell short of the 80 per cent target in the Declaration of Commitment (see General Assembly resolution S-26/2, para. 54). Member States reported on their efforts to expand access to services to prevent mother-to-child transmission of HIV and maintain low levels of mother-to-child-transmission rates (Austria, Colombia, Côte d'Ivoire, Germany, Lebanon, Paraguay, the Russian Federation, Senegal and Thailand).

48. In Germany, a multilingual DVD guide on motherhood and HIV/AIDS was developed for women living with HIV. To prevent mother-to-child transmission, the Russian Federation developed measures, including instruction materials for students in medical faculties and providing special courses for experts; holding seminars and organizing conferences; and preparing and issuing guidance and recommendations for practitioners and handbooks for people affected by AIDS. Austria provided access to HIV-testing and treatment, including programmes to prevent mother-to-child transmission, free of charge. Thailand integrated the mother-to-child-transmission prevention project into the maternal health-care system. Paraguay

[33] The Global Coalition on Women and AIDS (2006), "Increase women's control over HIV prevention: Fight AIDS", Issue No. 4, available from http://data.unaids.org/pub/BriefingNote/2006/20060530_FS_Women%27s%20HIV%20Prevention%20Control_en.pdf.

[34] UNAIDS, 2008, op. cit., p. 121

[35] Ibid., p. 124.

appropriated funds in its national budget for the provision of breast-milk substitutes for HIV-positive mothers. Ecuador and Senegal provided milk substitutes to newborns of HIV-positive mothers.

49. UNICEF provided support to preventing mother-to-child transmission activities in 97 countries in 2007, including through technical assistance in policy and planning, communications, training and the provision of drugs and other supplies. ILO integrated prevention of mother-to-child transmission of HIV into occupational safety and health policies.

50. The International Drug Purchase Facility (UNITAID), funded through an international airline tax, played a significant role in scaling up paediatric treatment programmes and services to prevent mother-to-child transmission. During 2007-2008, UNITAID is expected to provide US$ 20.8 million for the procurement and delivery of high-quality HIV drugs, diagnostics and related commodities for the prevention of mother-to-child transmission for a period of 24 months to Burkina Faso, Cameroon, Côte d'Ivoire, India, Malawi, Rwanda, the United Republic of Tanzania and Zambia.

51. Despite increases in pregnant women's access to services, limited human resources and infrastructure, as well as weak maternal and child health-care services, hinder progress towards reaching the target of 80 per cent of pregnant women having access to antenatal care, information, counselling and other HIV services by 2010 (ibid.). Increase in investment in services is critical to prevent mother-to-child transmission of HIV to meet agreed targets in the 2001 Declaration of Commitment. While some countries have enacted or are considering legislation which criminalizes mother-to-child transmission, public health measures, such as counselling and social support, would be more appropriate to deal with the rare cases of pregnant women or mothers with HIV who refuse treatment.[36]

4. Women's equal access to treatment

52. Even though progress has been made, women's access to treatment falls short of actual needs. An estimated 3 million people in low- and middle-income countries were receiving antiretroviral drugs in 2007 — 31 per cent of those who needed the medications.[37] Antiretroviral drug coverage for women is equal to that of men worldwide, but women may face barriers in adhering to treatment regimens.[38] Some Member States reported on actions taken to increase access to treatment. Jamaica expanded HIV testing as an attempt to scale up access to antiretroviral treatment. Côte d'Ivoire and Peru provided free antiretroviral treatment for women and men. The Russian Federation, together with non-governmental organizations, implemented programmes to reduce stigma and discrimination towards people living with AIDS and improve adherence of people living with HIV to antiretroviral treatment regimes.

53. The UNAIDS secretariat also reported that women were underrepresented as participants in clinical trials for various interventions, including for HIV vaccines. A significant challenge for women and adolescent girls was exercising their autonomy in participating in trials. The process of enrolment, securing informed consent, and

[36] UNAIDS Policy Brief, "Criminalization of HIV Transmission", 2008.
[37] UNAIDS, 2008, op. cit., p. 135.
[38] Global Coalition on Women and AIDS, 2006, op. cit., p. 7.

overall participation in clinical trials are largely biased towards men. Gender-sensitive approaches are critical when designing consent and recruitment procedures and risk-reduction interventions in HIV clinical trials. The UNAIDS secretariat worked towards increasing women's representation in all HIV clinical trials and integrating sexual and reproductive health into clinical trials.[14]

D. Awareness-raising

54. Member States provided information on awareness campaigns aimed at youth, women and men (Austria, Côte d'Ivoire, Germany, Malta and Qatar). In the Netherlands, HIV/AIDS education for men and boys was incorporated within sex education classes at schools and disseminated through HIV/AIDS prevention campaigns. The Qatar National Committee for HIV/AIDS Prevention organized five awareness-raising workshops between October 2007 and June 2008. In Malta, teachers, nurses, midwives, health professionals and psychologists were trained on HIV/AIDS prevention, care and education. The Japanese Stop AIDS Directorate of Operations, headed by the Minister of Health, Labour and Welfare, conducted public awareness activities in collaboration with autonomous bodies and non-governmental organizations.

55. In 2007, the ILO International Programme on the Elimination of Child Labour incorporated training, awareness-raising and capacity-building targeted at men into its projects in Central American countries.

56. In 2007, the UNAIDS secretariat, together with OHCHR and UNDP, launched the *Handbook on HIV and Human Rights for National Human Rights Institutions*.[39] The handbook highlighted the fact that protecting the rights of women and girls was crucial in preventing HIV transmission and lessening the impact of the epidemic on women. It provided specific guidance to national human rights institutions on how they could address the differential impact of HIV on women and men, and protect and promote the rights of women and girls.

57. According to UNAIDS, survey data from 64 countries indicates that, in 2008, about 38 per cent of females and 40 per cent of males aged 15-24 had comprehensive knowledge about HIV/AIDS and how to avoid transmission. This is an improvement from 2005,[40] but still below the goal of ensuring comprehensive HIV/AIDS knowledge in 95 per cent of young people by 2010 (see General Assembly resolution 26/2, annex, para. 53).

58. Several Member States reported on awareness-raising campaigns that were undertaken to target young women and girls, given their vulnerability to HIV/AIDS. Paraguay's Secretariat of State for Women developed an awareness campaign that focuses on HIV/AIDS prevention among young women. In Germany, the Federal Centre for Health Education targeted youth in awareness campaigns, particularly young women aged 12-20. Similarly, the Austrian Government has implemented awareness campaigns targeted at young girls. In Switzerland, the Federal Office of Public Health in collaboration with the Swiss organization, Help against HIV/AIDS, published free information brochures on HIV/AIDS specifically aimed at women.

[39] United Nations publication, Sales No. E.07.XIV.12.

[40] UNAIDS, 2008, op. cit., p. 98.

59. UNESCO implemented peer education initiatives to build young women's capacities and knowledge on HIV/AIDS and reproductive and sexual health issues. UNESCO developed a series of evidence-based papers on school-based sex education on relationships and HIV/AIDS. It also developed gender-responsive interactive and multimedia tools and educational games on HIV/AIDS for young women and men.

60. ESCAP implemented a project on "Reducing drug use and delinquency among youth in the Greater Mekong Subregion", namely in China, the Lao People's Democratic Republic, Thailand and Viet Nam, to establish more effective, comprehensive and integrated health systems to reduce drug abuse and HIV/AIDS among young women and men. Particular attention was given to raising awareness and providing counselling for young women and girls in compulsory drug treatment centres and community settings. Policymakers and other stakeholders have been made more aware of how drug use and HIV/AIDS affect girls and young women differently from boys and young men, and of how policies and practices that reflect such differences need to be put in place.

E. Collaboration

61. Member States reported on in-country collaboration among relevant stakeholders to address the HIV/AIDS issue. In order to strengthen the institutional capacity for the development of a women and HIV/AIDS component within Municipal and Provincial Offices for Women, the Dominican Republic established a coordinating committee comprised of representatives from the Government and non-governmental and civil society organizations. Thailand's National Committee for HIV/AIDS Prevention and Alleviation is comprised of various stakeholders and includes girls, young women and sex workers, who serve as board members in some projects funded by the Global Fund. The Thai Women and AIDS Task Force formed in 2002 aims to empower women and create a forum for collective action against HIV/AIDS that integrates gender perspectives.

62. Some Member States have entered into partnerships with other countries. For example, Australia works with partner countries in the Asia-Pacific on programmes which aim to improve women's and girls' access to education, prevent and treat HIV/AIDS and reduce violence against women. The Australian Agency for International Development supported networking among national women's groups throughout Papua New Guinea, and has intensified efforts to change male attitudes on violence against women. Brazil hosted the first ministerial meeting on policies for women and HIV/AIDS, which brought together ministers in charge of women's affairs from Portuguese-speaking countries, as well as representatives of health authorities and civil society, to develop an agenda for South-South cooperation.

63. Several Member States collaborated with civil society to address the HIV/AIDS crisis. Under the Federal Initiative to Address HIV/AIDS in Canada, the Government supported 26 projects led by community-based organizations to deliver services to women living with, or at risk for, HIV/AIDS. Through the AIDS Community Action Program, Canada provided support for community-based organizations targeted at women. Similarly, in Austria, the Government partnered with women's organizations, especially those targeting migrant women and migrant sex workers. In the Philippines, the Social Technology Bureau of the Department of

Social Welfare and Development provided assistance to cases referred by Women Plus, a support group for HIV-positive women. The Government of Canada allocated CAD$ 70,000 to Pauktuutit Inuit Women's Association which conducted HIV/AIDS awareness activities for the Inuit population. In Serbia, the non-governmental organization "Woman" was established with assistance from the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria to support women affected by HIV/AIDS. Lebanon and Senegal also supported women's organizations that work on HIV/AIDS programming. In Switzerland, the Government-supported organization, PLANeS, expanded women's access to family planning and specific HIV/AIDS prevention programmes, including for groups such as sex workers and women migrants in Switzerland.

64. Few examples of public-private partnerships were provided. The Canadian HIV Vaccine Initiative, an innovative public-private collaboration between the Government of Canada and the Bill and Melinda Gates Foundation, aims to accelerate global efforts to develop safe, effective, affordable and globally accessible HIV vaccines. The initiative is committed to expanding access to these vaccines for all, including women, in low and middle-income countries.

65. Several examples of programme-level collaboration on HIV/AIDS between United Nations entities and Member States were provided. In Jamaica, the Bureau of Women's Affairs, in partnership with the National Family Planning Board and UNFPA, has embarked on extensive promotion programmes to improve the use of both male and female condoms. UNICEF supported the Government of Yemen on interventions focused on HIV/AIDS prevention among adolescents and young people, including provision of gender-sensitive information and services. The Philippines Government, in partnership with UNDP, provided institutionalized support and services for the prevention, management and alleviation of HIV/AIDS. Argentina held a national consultation on sex work and HIV/AIDS in collaboration with UNFPA and UNAIDS. Serbia collaborated with UNICEF, UNAIDS, UNFPA, UNIFEM, the United Nations Theme Group on Gender, and the Global Fund to Fight AIDS, Tuberculosis and Malaria, to protect the human rights of all affected by the AIDS pandemic, including women and girls. Denmark supported national and international partners, such as UNFPA, to strengthen the integration of HIV prevention efforts with reproductive health services.

66. ILO collaborated with its constituents and other United Nations entities, including UNAIDS, UNDP, UNFPA, UNICEF, UNIFEM and WHO. Projects included, among others, gender-specific research on strengthening HIV/AIDS policies and programmes in the world of work in Pakistan and integrating gender and HIV/AIDS in information and advocacy materials in Kyrgyzstan.

67. The ILO International Programme on the Elimination of Child Labour collaborates with Governments, employers and workers' organizations in Uganda and Zambia to prevent HIV/AIDS-affected boys and girls from being exploited as child labour and dropping out of school and to rescue those children already engaged in worst forms of child labour.

68. In response to calls for rights-based delivery of sexual and reproductive health services for people living with HIV, UNFPA, in collaboration with WHO, developed rights-based guidance on advocacy, health systems and policy aspects of sexual and reproductive health for people living with HIV.

F. Coordination

69. There are a number of AIDS planning, coordination and funding mechanisms. At the global level, UNAIDS brings together the efforts and resources of 10 United Nations system organizations[41] and the Secretariat to help mount a multisectoral response to the epidemic, with the engagement of Governments, civil society and development partners. UNAIDS provides technical support to countries in the development and implementation of their national AIDS plans. At the country level, the Joint United Nations Teams on AIDS assist national AIDS coordination bodies and planning processes.

70. The Global Coalition on Women and AIDS, launched in 2004 by UNAIDS, is a coalition of civil society groups, networks of women living with HIV and the United Nations system partners who work primarily at the global level to highlight the effects of AIDS on women and girls, to stimulate concrete and effective action to prevent the spread of HIV, and to advocate for improved AIDS programming for women and girls. The Coalition works with partners to mobilize leadership and political will in addressing factors that put girls and women at risk of HIV and in removing impediments to women's equitable access to HIV services and programmes.

71. An interagency coordination group, including the UNAIDS secretariat, the UNAIDS Co-sponsors and UNIFEM, was established to enhance coordination and alignment of the United Nations system action on gender and HIV. The group promotes country-level action to effectively address gender dimensions of HIV/AIDS, as requested by the UNAIDS Programme Coordinating Board.

72. The Global Fund to Fight AIDS, Tuberculosis and Malaria has developed a new gender strategy of the Fund, which will be presented for consideration to its Board in November 2008. The strategy aims to strengthen gender expertise at all levels of the Fund, make gender sensitivity an important criteria for proposal review, heighten the representation of women and require monitoring and evaluation data disaggregated by sex and age. The Fund also published a fact sheet on ways to incorporate gender perspectives into Global Fund proposals in March 2008.

G. Research, data collection and development of methodologies and tools

73. A number of countries reported on their research and data collection initiatives. National population-based surveys, which collect HIV prevalence measures for both women and men have, for example, been conducted in 30 countries in the Caribbean, sub-Saharan Africa, and Asia.[42] The level of disaggregation of HIV/AIDS data reported varied across countries. Some countries disaggregated by sex, age and marital status (Lebanon and Serbia); some disaggregated by age and sex (Albania, Senegal and Serbia); while others reported disaggregation by sex only (Argentina, Belgium and Canada). Data for Switzerland was disaggregated by sex, age, marital status, mode of transmission and nationality.

[41] ILO, UNDP, UNESCO, UNFPA, Office of the United Nations High Commissioner for Refugees (UNHCR), UNICEF, United Nations Office on Drugs and Crime, World Bank, WFP and WHO.

[42] UNAIDS, 2008, op. cit., p. 31.

Côte d'Ivoire's survey on HIV/AIDS indicators included data disaggregated by sex, age, educational levels, marital status, size and composition of the household.

74. Canada is developing population-specific HIV/AIDS status reports to collate current evidence on HIV/AIDS among key populations, including women. In Canada, the National HIV/AIDS Knowledge Broker system provided national partners with current information to help strengthen front-line HIV/AIDS prevention, diagnosis, care, treatment and extended support to programmes.

75. HIV/AIDS surveillance in the 53 countries of the WHO European Region is coordinated by EuroHIV, a network supported by the European Commission. Malta indicated that it had collaborated with EuroHIV surveillance network for a number of years and provided information about HIV/AIDS cases, including information on sex, age, mode of transmission, year of HIV/AIDS diagnosis, stage of disease and year of death. The Netherlands reported a surveillance system which provided data on the gender dimensions of HIV/AIDS. The German Federal Government initiated epidemiological surveys at regular intervals where data on HIV/AIDS, including on gender dimensions of the HIV/AIDS epidemic, was gathered and published biannually.

76. In Peru, the ongoing National Demographic and Health Survey included a questionnaire on HIV/AIDS, which covered questions on women's awareness of the disease, their primary source of information, steps to avoid contracting HIV/AIDS, and whether they knew that the HIV/AIDS virus could be transmitted from an infected mother to child.

77. The United Nations Relief and Works Agency for Palestine Refugees in the Near East Health Department established an HIV/AIDS epidemic surveillance system to monitor the epidemic among the refugee community and host countries' population of the Agency's five areas of operations.

78. Several United Nations entities have developed guidelines and tools to support Governments in addressing different gender dimensions of HIV/AIDS. The ILO Code of Practice on HIV/AIDS and the World of Work provides guidelines to address the HIV/AIDS epidemic within the framework of the promotion of decent work. It covers key principles, such as the recognition of HIV/AIDS as a workplace issue, non-discrimination in employment, gender equality, screening and confidentiality, social dialogue, prevention and care and support, as the basis for addressing the epidemic in the workplace.

79. The WHO tool on "Integrating gender into HIV/AIDS programmes: tool to improve responsiveness to women's needs" assists programme managers and service providers in the health sector to integrate gender perspectives into HIV/AIDS programmes and service delivery. The Toolkit for Mainstreaming HIV and AIDS in the Education Sector, developed by UNAIDS, includes a tool on "Mainstreaming gender equality and sexual and reproductive health rights in education sector responses to HIV and AIDS" targeted at staff from development cooperation agencies, including both development and humanitarian-oriented multilateral and bilateral agencies as well as civil society organizations.

IV. Conclusions and recommendations

80. Member States and the United Nations system continued to address the gender dimensions of HIV/AIDS and the disproportionate impact of the HIV/AIDS pandemic on women and girls. Many States addressed the concerns and needs of women and girls in their national policy and legislative responses and others took measures to address HIV/AIDS in their national action plans on gender equality.

81. Progress in achieving the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010 requires that existing HIV/AIDS policies, strategies, resource allocation and programmes be reviewed and adapted to ensure that they contribute to empowering women and reducing their vulnerability to HIV/AIDS. Efforts are needed to expand access to services, such as education and information, sexual and reproductive health, antenatal care, prevention of mother-to-child transmission, as well as antiretroviral therapy and microbicides.

82. Governments and other stakeholders should take all necessary measures to create an enabling environment to empower women and girls to reduce their vulnerability to HIV/AIDS, including through strengthening women's economic independence and ensuring their full enjoyment of all human rights and fundamental freedoms.

83. Governments should strengthen measures to eliminate all forms of violence against women and girls, including harmful traditional and customary practices, abuse and rape, battering and trafficking in women and girls, which aggravate the conditions underlying women's vulnerability to HIV/AIDS. These measures should include, inter alia, the enactment and enforcement of laws and public awareness campaigns on violence against women and girls. Efforts are needed to eliminate the stigma, fear and violence that prevent women from taking advantage of HIV services.

84. Increased resources are required to fund programmes that reduce women's vulnerability. Direct funding channels to women's organizations, especially women living with HIV, are essential to strengthen their capacities to promote and support extension of HIV services to women at all levels.

85. Governments and other stakeholders should improve access to and sustained uptake of HIV prevention and treatment services, and address the factors that hinder women's use of such services. Women living with HIV should continue to receive treatment after the risk of transmission to their children has ended.

86. Investment in female-controlled methods, including microbicide development and the female condom, should be scaled up. The supply and marketing of affordable female condoms should be increased to ensure they become an accessible, effective and widely used HIV prevention option.

87. Women, including those living with HIV, remain underrepresented in HIV/AIDS decision-making processes and mechanisms at national level. Efforts must be made to increase their effective participation and influence on all decision-making bodies.